September 2005

Information for State & Local Government Officials

Providing Information for Dual Eligibles and their Caregivers about the New Medicare Prescription Drug Benefit

MedicareRx
Prescription Drug Coverage

DISCLAIMERS:

This package does not include information for those dual eligibles affected by hurricane Katrina and Rita. For more information, please go to www.cms.hhs.gov/katrina or www.cms.hhs.gov/rita.

Important Dates

September 15–November 15, 2005

- Medigap insurance companies will mail information to Medigap policy holders who have a policy that covers prescription drugs

October 13, 2005

- Begin comparing prescription drug plans
  - *www.medicare.gov*
  - 1-800-MEDICARE (1-800-633-4227)
  - TTY users should call 1-877-486-2048

October 2005

- "Medicare & You 2006" handbook mailed
- Medicare notifies people with Medicare and Medicaid of the plan they will be automatically enrolled in on January 1, 2006, if they do not enroll on their own
- Employer plans send coverage information to enrollees
- Begin monthly mailing to people with Medicare who newly qualify for the extra help automatically

November 15, 2005

- Initial enrollment period begins

January 1, 2006

- Medicare Prescription Drug Plan coverage begins for enrollees
- Dual eligible coverage begins

May 15, 2006

- Initial enrollment period ends

June 1, 2006

- Facilitated enrollment of people entitled to extra help who did not enroll by May 15, 2006

As a state/local policymaker or an advocate, you are in a key position to inform and educate your constituents, colleagues, friends, family members or other loved ones about the new Medicare prescription drug benefit.

The Medicare Prescription Drug Program takes effect January 1, 2006. The Centers for Medicare & Medicaid Services (CMS) is implementing this important new program. People who assist individuals with both Medicare and Medicaid will play an important role in helping people get information about the new prescription drug coverage. This resource guide provides information you need to help your constituents, colleagues and others better understand the new Medicare prescription drug coverage.

Beginning January 1, 2006, Medicare will provide prescription drug coverage for people with both Medicare and Medicaid.*

Below is a summary of what people who get both Medicare and Medicaid need to know:

- Prescription drug coverage for dual eligibles is changing.
- Beginning January 1, 2006, Medicare, instead of Medicaid, will cover prescription drugs.
- Dual eligibles will have continuous drug coverage during the transition.
- In order for dual eligibles to receive drug coverage, they must join a Medicare prescription drug plan.
- In October 2005, Medicare will automatically enroll dual eligibles in a prescription drug which has been chosen for them.
- Beginning November 15, 2005, anyone who is a dual eligible can switch to a different prescription drug plan if they choose. They may change plans any time after that.
- Medicare prescription drug plans may charge a small co-payment for each prescription—between $0 and $5.
- Medicaid will continue to pay for other health costs for dual eligibles, and may choose to pay for non-Medicare covered prescription drugs.
- If a dual eligible is enrolled in a Medicare Advantage health plan, that plan will include prescription drugs beginning January 2006.
- If a dual eligible is enrolled in the Program of All-Inclusive Care for the Elderly (PACE), that program will continue to include prescription drugs after the beginning of January, 2006.

Thank you for your valuable contribution to this important effort. We look forward to working with you in the coming months as we spread the message about Medicare's new prescription drug coverage to America's seniors and people with disabilities.

Please distribute the attached information. We will provide more information to you as it becomes available.

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*Dual eligibles are the group of Medicare eligibles who also qualify for Medicaid.

Disclaimer: People with both Medicare and Medicaid who live in American Samoa, Commonwealth of Northern Mariana Islands, Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands can receive "extra help" in paying for their prescription drugs. The "extra help" program may not be the same as provided elsewhere in the United States. To find out more about the Medicare Prescription Drug program in your location, call 1-800-MEDICARE (1-800-633-4227) or the phone numbers listed on page 11 of this package. TTY users should call 1-877-486-2048.

What I Need to Know about the New Medicare Prescription Drug Coverage

What are the Medicare prescription drug plans?

Beginning January 1, 2006, prescription drug coverage will be available to everyone with Medicare. Every person with Medicare, no matter how they get their health care today (including people with both Medicare and Medicaid) will be eligible for drug coverage under a Medicare prescription drug plan. Insurance companies and other private companies will work with Medicare to offer these drug plans. Medicare prescription drug plans will be available in every part of the country, and all plans will cover both brand name and generic drugs.

Drug plans may vary in which prescription drugs are covered. All drug plans will have to provide at least a minimum standard level of coverage, which Medicare will set.

I am enrolled in both Medicare and my state's Medicaid program. How will these changes affect me?

Your prescription drug coverage is changing. Until December 31, 2005, Medicaid will continue to pay for prescription drugs for you. Beginning January 1, 2006, Medicare will start paying for your prescription drugs. Medicare will enroll you in a Medicare prescription drug plan effective January 1, 2006, to make sure you don't miss a day of coverage. The new plan may charge a small co-payment for each prescription—between $0 and $5. Medicaid will continue to pay for other health services for you including, at state option, prescription drugs not included in the Medicare program.

When will people with both Medicare and Medicaid join a Medicare prescription drug plan?

In October 2005, Medicare will enroll people with both Medicare and Medicaid in a prescription drug plan so that prescription drug coverage continues without a gap. Medicare will let you know the plan it has chosen for you in October 2005. Beginning November 15, 2005, you can switch to another prescription drug plan and change your plan anytime, for any reason. The change will be effective on the first day of the month following the month you make the change.

Medicaid does not pay for health services for me, but it does pay for my Medicare premiums. How am I affected by the Medicare prescription drug program?

People who get help from their state paying for their Medicare premiums, people in the Medicare Savings Program—QMB, SLMB, and QIs, will continue to receive assistance with their Medicare premiums and will also receive a low income subsidy and can enroll in a Medicare drug plan beginning November 15, 2005. If you receive help through a Medicare Savings Program and do not choose a plan by May 15, 2006, Medicare will enroll you in a plan to make sure that you do not miss a day of drug coverage.

What I Need to Know about Enrolling in a Plan

I have received my plan assignment from Medicare in the mail, what do I do now?

Decide if this plan is the right plan for you. Read the materials your plan sends you about the drug plan Medicare will enroll you in. If you don't like the plan, you can get information about the other Medicare drug plans. For example, find out if the prescription drugs you are currently taking are covered by your assigned plan's list of covered prescription drugs, also called a formulary. Make sure the pharmacy you use works with this plan. If you are happy with the plan you have been assigned to you, need not do anything. Beginning January 1, 2006, you will receive your drugs through that plan and its pharmacy network. If, after reviewing the plan's information and you find that this plan is not right for you, you can switch to another prescription drug plan and change your plan any time, beginning November 15, 2005.

Can someone who makes health care decisions for me enroll me in a Medicare prescription drug plan?

Yes. If someone has the legal right to make health care decisions on your behalf, (such as through a power of attorney), this person can enroll you in a Medicare prescription drug plan that meets your needs. This person is sometimes called an "authorized representative."

If I want to change plans at some other point in the future, can I?

Yes. A person with Medicare and full Medicaid coverage is entitled to a "Special Enrollment Period." This means you can change your prescription drug plan at any time, and as often as each month if you wish.

What should I do if I am now enrolled in a Medicare Advantage Plan?

If you are already enrolled in a Medicare Advantage (MA) plan you will be enrolled in your MA's prescription drug plan. Check with your MA plan to learn more about its prescription drug coverage.

Will people with both Medicare and Medicaid living in a nursing home be enrolled in a Medicare prescription drug plan or will Medicaid continue to cover their drug costs?

People with both Medicare and Medicaid living in a nursing home will be enrolled in a Medicare prescription drug plan. At state option, Medicaid may pay for some non-Medicare prescription drugs.

Will I get a new card when I enroll in a plan?

Medicare prescription drug plans will issue new cards to people enrolled in their plan. The cardholder ID will be assigned by the plan. Plans are not to use an enrollee's Social Security Number as the cardholder ID.

What I Need to Know about How Much I Will Have to Pay

How much will I have to pay?

Medicare will help pay the cost of your prescription drugs. Anyone who is enrolled in both Medicare and Medicaid will not pay a monthly premium. You may need to pay a small copayment for each prescription—between $0 and $5.*

How much will people in institutions, like a nursing home, have to pay for prescription drugs?

If you have both Medicare and Medicaid and live in an institution like a nursing home for at least one month, you will pay nothing for your covered prescription drugs.

What I Need to Know about Where I Get My Prescription Drugs

Will my pharmacy and/or pharmacist change?

If you want to make sure you stay with the same pharmacy, you need to contact the Medicare prescription drug plans and choose a plan that works with your pharmacy. You may also want to ask your pharmacist which plans she/he works with.

What is a "preferred" pharmacy? Do I have to use one?

Plans may offer "preferred" pharmacies within their pharmacy networks. Plans may offer lower cost sharing for covered drugs purchased by enrollees at certain pharmacies within their networks (the "preferred" pharmacies) compared to other network pharmacies ("non-preferred" pharmacies).

What happens if I need to go to an out-of-network pharmacy?

There may be instances where you may need to purchase your drugs at an out-of-network pharmacy, like when you are on vacation. Plans are required to assure that their enrollees have adequate access to drugs dispensed at an out-of-network pharmacy.

Will I pay more to use an out-of-network pharmacy?

Ultimately no. Because an out-of-network pharmacy, by definition, does not have a contract with your drug plan, you will be charged more than your normal $0–$5 co-payments when you buy your drugs at an out-of-network pharmacy. However, your plan will reimburse you for that cost once it receives your receipt for the prescription drugs. You will still have to pay the normal co-payment amount for that medicine just as if you had purchased it at your home pharmacy.

* If you join a plan that has a premium higher than a standard plan, you will have to pay the difference (for example, if a standard plan costs $32 per month, and you join a plan that costs $35 per month, you will have to pay the $3 difference each month).

Can a plan require me to get my drugs through a mail-order pharmacy?

No. Plans cannot require enrollees to use a mail-order pharmacy. However, because many people like the convenience of mail order, many plans will offer mail-order services.

What I Need to Know about Drug Coverage (Formularies) in the New Medicare Prescription Drug Program

What will my Medicare drug plan cover?

Each Medicare drug plan will have its own list of covered drugs (or formulary) that will include generic and brand-name drugs. Plans may have rules about what specific prescription drugs are covered to treat different medical conditions. Every Medicare drug plan must comply with federal rules about the types and number of drugs covered.

How do I know if my prescription drugs will be covered by a particular Medicare prescription drug plan?

Make a list of all of your current prescription drugs including name, dose size (for example: 2 pills, 300mg in each pill), and dosage frequency (for example: 2 times a day). You can use this information to compare the list of drugs that are covered under each plan. You can get the list of drugs a plan covers by calling the plan, visiting the plan's website, or visiting ***www.medicare.gov*** on the Internet. This information will be available from the plans in October 2005. On October 13, 2005, this information will be available on the web at ***www.medicare.gov*** or by calling 1-800-MEDICARE (1-800-633-4227).

Can my plan's formulary change?

Yes. A plan's formulary can change when a plan gets new information. But, the new formulary must meet Medicare's requirements and the plans must tell you about any upcoming changes 60 days in advance.

How will I know if my plan discontinues coverage of my drug?

Your plan must let you know at least 60 days before a drug you use is removed from the formulary.

Will I be able to get my drugs on January 1, 2006?

Medicare prescription drug plans must establish a transition process for all Medicare beneficiaries as they enroll in the new Medicare prescription drug coverage from another drug program. These transition processes must show how they will help people who are on a drug either stay on that drug or safely change to another appropriate drug. You should check with your plan to see what their policy is for continuing a particular drug.

Do I have to change my antidepressants, antipsychotics, anticonvulsants, HIV drugs, cancer medications and immunosuppressants?

No. CMS requires that Medicare prescription drug plan formularies include "**all or substantially all**" **of the drugs in the antidepressant, antipsychotic, anticonvulsant, anticancer, immunosuppressant and HIV/AIDS categories**. In addition, plans must give special attention to patients already stabilized on drugs in these classes. If you are already on these drugs when you join the plan, the plan usually cannot require preauthorization or ask you to try other drugs first. For individuals who begin treatment with these drugs after they are in the plan, other than HIV/AIDS drugs, plans may use these techniques to manage therapy. However, for HIV/AIDS drugs, these techniques are not allowed.

I've heard that certain prescription drugs are not covered by the Medicare Prescription Drug Program (i.e. barbiturates, benzodiazepines, or prescription vitamins). Will Medicaid still pay for these drugs?

A state Medicaid agency may choose to continue to pay for some or all non-Medicare prescription drugs. Contact your State Medicaid Agency to find out what drugs, if any, they have decided to cover.

What if I am taking a drug that is not on my plan's formulary?

Medicare prescription drug plans must have a process for you to get drugs that are not on the formulary when the drug is medically necessary. If your doctor thinks you need a drug that isn't on the formulary, you or your doctor can apply for an exception. If the exception is denied, you can appeal the decision.

How do I apply for an exception if a drug I need is not on my plan's formulary?

First, you should talk to your doctor and make sure no other drug can be used. If your doctor thinks this is the only drug that is appropriate, then you need to file an exception. To file an exception, you should contact your plan.

If the plan denies an exception, then you can appeal the plan's decision. To file an appeal, follow the procedure described in the handbook you received from your plan, or talk to your plan to find out how to file an appeal.

Who may help me with my exception and/or appeal?

In addition to allowing you to file an exception and/or appeal, prescribing physicians or your appointed representative can file appeals on your behalf.

Are plans required to cover a temporary/emergency supply of non-formulary Medicare prescription drugs while an exception request is being processed?

For people living at home and in the community, you should check with your plan to see its policy on covering drugs while an exception request is being processed. Medicare prescription drug plans must cover an emergency supply of non-formulary drugs for long-care residents.

Can long term care residents receive an emergency supply of medications?

Yes. Medicare prescription drug plans must cover an emergency supply of non-formulary drugs for long-term care residents as part of their transition process.

Where I Can Go for More Information about Medicare Prescription Drug Coverage

For more information on Medicare prescription drug coverage, read the "Medicare & You 2006" handbook that will be mailed to you in October 2005. It will list the specific plans available in your area.

After October 2005, if you need help:

- Visit ***www.medicare.gov*** on the web and get personalized information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. When you call, have ready: your Medicare card, a list of drugs you use, and the name of the pharmacy you use.
- Get a free copy of the booklet "Your Guide to Medicare Prescription Drug Coverage," (CMS Pub. No. 11109) on ***www.medicare.gov*** or by calling 1-800-MEDICARE.
- Call your State Health Insurance Assistance Program for free personalized health insurance counseling. (Phone numbers are in the back of this package.)
- Check for local events for help joining a plan.
- Contact your local office on aging. For the telephone number, visit ***www.eldercare.gov*** on the web or call: 1-800-677-1116.
- Contact your state Medicaid agency if you have any questions about your Medicaid health benefits.

Web Resources for States

MMA States Listserv

- On www.cms.hhs.gov scroll down and click on "Mailing Lists" on the right yellow sidebar. Enter your information in the requested fields and choose the subscribe button for "MMA_States"

State MMA Information

- www.cms.hhs.gov/medicarereform/states

Beneficiary-Friendly Publications

- www.medicare.gov/publications

Outreach Toolkit

- www.cms.hhs.gov/partnerships/tools/materials/medicaretraining/MPDCoutreachkit.asp

MMA Questions & Answers

- Submit Questions: http://mmaissuesform.cms.hhs.gov
- Browse answers: http://www.cms.hhs.gov/medicarereform/medicarereformfaqs.asp, click on "Prescription Drug Coverage"

State Health Insurance Assistance Contact Information

Your state receives a CMS State Health Insurance Assistance Program (SHIP) grant to support local personalized counseling and assistance to people with Medicare and their families. To contact the SHIP in your state, please consult this listing.

ALABAMA
Ph: (334) 353-9636

ALASKA
Ph: (907) 269-3669

ARIZONA
Ph: (602) 542-6439

ARKANSAS
Ph: (501) 371-2785

CALIFORNIA
Ph: (800) 434-0222

COLORADO
Ph: (303) 894-7552

CONNECTICUT
Ph: (860) 416-7206
Ph: (860) 424-5322

WASHINGTON, DC
Ph: (202) 496-6240
Ph: (202) 727-8367

DELAWARE
Ph: (302) 739-4251
Ext. 174

FLORIDA
Ph: (850) 414-2157

GEORGIA
Ph: (404) 657-5347

GUAM
Ph: (671) 735-7382

HAWAII
Ph: (808) 586-7299

IDAHO
Ph: (208) 334-4350

ILLINOIS
Ph: (217) 524-1631

INDIANA
Ph: (317) 233-3551

IOWA
Ph: (515) 242-5190

KANSAS
Ph: (785) 368-7331

KENTUCKY
Ph: (502) 564-7372

LOUISIANA
Ph: (225) 342-6334

MAINE
Ph: (207) 287-9207

MARYLAND
Ph: (410) 767-1100

MASSACHUSETTS
Ph: (617) 222-7436

MICHIGAN
Ph: (517) 886-1339
Ph: (517) 373-4071

MINNESOTA
Ph: (651) 296-3839

MISSISSIPPI
Ph: (601) 359-5131

MISSOURI
Ph: (573) 893-7900
Ext. 191

MONTANA
Ph: (406) 444-7870

NEBRASKA
Ph: (402) 471-2599
Ph: (402) 471-4506

NEVADA
Ph: (702) 486-3796

NEW HAMPSHIRE
Ph: (603) 223-4158

NEW JERSEY
Ph: (609) 943-3378

NEW MEXICO
Ph: (505) 255-0971

NEW YORK
Ph: (518) 473-7259

NORTH CAROLINA
Ph: (919) 733-0111

NORTH DAKOTA
Ph: (701) 328-9604

OHIO
Ph: (614) 644-3399

OKLAHOMA
Ph: (405) 521-6628

OREGON
Ph: (503) 947-7263

PENNSYLVANIA
Ph: (717) 783-8975

PUERTO RICO
Ph: (787) 725-4300

RHODE ISLAND
Ph: (401) 462-0508
Ph: (401) 222-2894
Ext. 319

SOUTH CAROLINA
Ph: (803) 734-9902

SOUTH DAKOTA
Ph: (605) 773-3656
Ph: (605) 336-6722

TENNESSEE
Ph: (615) 741-3745

TEXAS
Ph: (512) 438-4205

UTAH
Ph: (801) 538-3910

VERMONT
Ph: (802) 748-5182

VIRGINIA
Ph: (804) 662-7050

VIRGIN ISLANDS
Ph: (340) 772-7368

WASHINGTON
Ph: (206) 389-2752

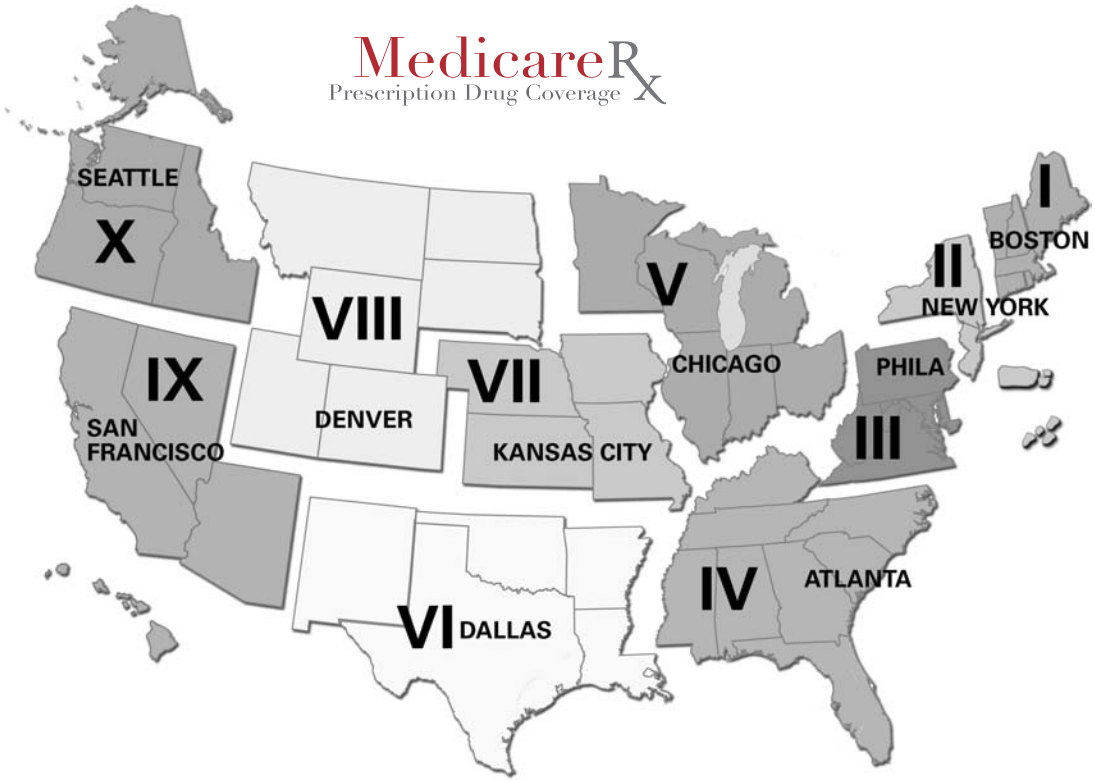
WEST VIRGINIA
Ph: (304) 558-3317

WISCONSIN
Ph: (608) 267-3201

WYOMING
Ph: (307) 777-7401
Ph: (307) 856-6880

Centers for Medicare & Medicaid Services

Regional Map and Contact Information



REGIONAL OFFICES	PHONE NUMBERS	
	Centers for Medicare & Medicaid Services	Social Security Administration
REGION I – BOSTON	617-565-1188	617-565-2881
REGION II – NEW YORK	212-616-2205	212-264-2500
REGION III – PHILADELPHIA	215-861-4140	215-597-4456
REGION IV – ATLANTA	404-562-7150	404-562-5500
REGION V – CHICAGO	312-886-6432	312-575-4053
REGION VI – DALLAS	214-767-6427	214-767-3407
REGION VII– KANSAS CITY	816-426-5233	816-936-5740
REGION VIII – DENVER	303-844-2111	303-844-0840
REGION IX – SAN FRANCISCO	415-744-3501	510-970-8431
REGION X – SEATTLE	206-615-2306	206-615-2100

For more information, call 1-800-MEDICARE, or visit www.medicare.gov

CMS Pub. No. 11179